



# 83<sup>rd</sup> ANNUAL COLLEGIATE DAIRY PRODUCTS EVALUATION CONTEST

## Contestants Credentials

**Please return this form to:**

**Kate Cantrell**

International Association of Food Industry Suppliers

1451 Dolley Madison Boulevard

McLean, VA 22101-3850

**Fax: (703) 761-4334**

**E-mail: [kcantrell@iafis.org](mailto:kcantrell@iafis.org)**

\_\_\_\_\_ (Name of College or University) will be represented at the 83<sup>rd</sup> Collegiate Dairy Products Evaluation Contest by the following team members or individuals. Social Security Numbers (SSN) are requested for awards purposes, and will not be retained in Contest records. (Please print or type)

(1) \_\_\_\_\_ E-mail \_\_\_\_\_ SSN \_\_\_\_\_

(2) \_\_\_\_\_ E-mail \_\_\_\_\_ SSN \_\_\_\_\_

(3) \_\_\_\_\_ E-mail \_\_\_\_\_ SSN \_\_\_\_\_

Alternate(s) \_\_\_\_\_ E-mail \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
Graduate(s) \_\_\_\_\_ E-mail \_\_\_\_\_ SSN \_\_\_\_\_

\_\_\_\_\_  
E-mail \_\_\_\_\_ SSN \_\_\_\_\_

The individuals fully meet the eligibility requirements as set forth in the official rules governing this contest. The team will be accompanied by:

\_\_\_\_\_  
Coach(es) or Faculty Representative(s)

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**IMPORTANT! Please complete and return the funding information on the next page.**



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**Travel Funds:** Please indicate below if someone other than the team coach or faculty representative named above should receive the travel funds provided by the Foundation of the International Association of Food Industry Suppliers.

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**This completed form must reach IAFIS by Friday, September 24, 2004.** Changes in designation of team members, alternates and graduate students may be made at any time up until 8:00 AM on Friday, November 5, 2004.